

PAYEE: _____ VENDOR NO. _____
 Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ TAX ID NO. _____

CLIENT NAME: _____ CASE NUMBER: _____

JUDICIAL DISTRICT: _____ COUNTY: _____

DATE OF APPOINTMENT ORDER _____
 COPY OF RAND MCNALLY MILEAGE CALCULATION
http://maps.randmcnally.com/mileage_calculator

I respectfully submit an application for mileage reimbursement pursuant to New Mexico Supreme Court Administrative Order NO. 15-8500 for mileage incurred as a court-appointed attorney in the above referenced matter. I understand that this application will not be processed for payment if it has not been received by the Administrative Office of the Courts, Court-Appointed Attorney Office, within 30 days of **completion** of the event/hearing and that payment is contingent upon the availability of funds. I further understand I must follow the mileage reimbursement guidelines established by the Court-Appointed Attorney Office for my payment to be processed.

Nature of Official Business	Date Traveled	Departing City	Destination City	# of Miles Traveled
FOR CAA OFFICE USE ONLY				
_____ # of Miles X (Mileage rate @ date of travel) = \$_____				

TOTAL AMOUNT DUE [\$_____] (To be completed by the CAA Office)

I understand that by submitting this application I certify that I am able to comply with the professional and ethical obligations established under the New Mexico Rules of Professional Conduct, Rules 16-100 through 16-805 NMRA (2008). I also affirm that the information provided herein is full and correct under penalty of perjury and, therefore, request payment.

 Attorney Signature

 Date:

 Administrative Office of the Courts

 Date:

Submit Invoice to:
 Court-Appointed Attorney Office
 237 Don Gaspar Ave., Rm 25
 Santa Fe, NM 87501